

## SAN DIEGO - NORTH

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# a california health center

October 29, 2018

California Building Standards Commission 2525 Natomas Park Drive, Suite 130 Sacramento, CA 95833- 2936 cbsc@dgs.ca.gov

RE: Office of Statewide Health Planning and Development

2019 California Building Code, California Code of Regulations, Title 24

1226.4.3.5 Contiguous functions

Dear Commission,

On behalf of Neighborhood Healthcare, we submit this letter in support of the comments submitted by the California Primary Care Association and formally request that the California Building Standards Commission take a <u>disapprove</u> position on the OSHPD revised proposed amendment, 1226.4.3.5 - Contiguous Functions.

Today, more than 67,000 patients call Neighborhood Healthcare their Health Home and our organization employs over 600 people. Our mission to focus on those most in need regardless of ability to pay has never changed in 48 years. Fulfilling our mission means providing patient care spanning 13 health center sites in San Diego and Riverside counties.

We recommend the Commission disapprove OSHPD's proposed amendment to 1226.4.3.5 and allow an opportunity for CPCA, OSHPD, and other interested stakeholders to convene and consult as a Community Clinics Advisory Committee ("Advisory Committee") as provided for in Section 1226 of California Health and Safety Code, which reads in relevant part:

OSHPD, in consultation with the Community Clinics Advisory Committee, shall prescribe minimum construction standards of adequacy and safety for the physical plant of clinics as found in the California Building Standards Code.

As highlighted in CPCA's letter, this recommendation is based on the following concerns:

1. The proposed language contains an exception that, if utilized, would cause considerable administrative delays.

The revised proposed amendment contains an exception that allows certain clinic areas (such as waiting rooms, a staff lounge, or storage rooms) to be located outside

the clinic suite <u>upon approval from the California Department of Public Health (CDPH)</u>. We are concerned that this approval process will lead to further delays to the licensure process.

Neighborhood Healthcare has experienced times of being unable to quickly deploy needed healthcare in communities because of licensing delays due to rules that are difficult to interpret both by health center leadership and CDPH.

# 2. The revised proposed changes to Section 1226.4.3.5 are ambiguous.

As proposed, the revised proposed changes to Section 1226.4.3.5 contain ambiguities that could lead to confusion and inconsistent application of clinic building standard across the State. The proposed regulation does not define "basic services," which leaves it open to interpretation. Without a clearer definition in Section 1226.4.3.5, there is no reason to believe that local building jurisdictions, licensed architects, CDPH, and OSHPD would all agree on what exactly is meant by the term "basic services" as used in the proposed regulation.

# 3. The impact of repealing existing standards in Section 1226.4.3.5 are unknown.

OSHPD has not addressed how the revised proposed amendment to Section 1226.4.3.5 changes the *existing* building code standard contained in Section 1226.4.3.5, which currently relates to "Connections." By replacing this "Connections" standard with the proposed revised amendment related to "Contiguous functions," OSHPD is essentially repealing the "Connections" standard entirely. However, we have not seen any mention or analysis of this fact in any documentation prepared by OSHPD in connection with the proposed revised amendment to Section 1226.4.3.5.

For these reasons, Neighborhood Healthcare requests that the Commission takes a disapprove position on the OSHPD revised proposed amendment, 1226.4.3.5 - Contiguous Functions.

Sincerely.

Rakesh Patel, M.D., CEO Neighborhood Healthcare